

APPLICATION
MVT-20-1
R 6/04

**TO RECORD A LIEN
WITH AN
OUTSTANDING
ALABAMA TITLE
NOT TO BE USED ON
A TRANSFER OF
OWNERSHIP OR BY
DESIGNATED AGENT**

**ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION – TITLE SECTION
P. O. BOX 327640
MONTGOMERY, AL 36132-7640**

TITLE NUMBER

**THIS FORM MAY BE DUPLICATED OR ADDITIONAL COPIES MAY BE OBTAINED FROM THE DEPARTMENT WEB SITE AT
www.revenue.alabama.gov/motorvehicle/mvforms/mvt20_1.pdf**

APPLICATION FOR CERTIFICATE OF TITLE TO RECORD A LIEN

VEHICLE INFORMATION										
VEHICLE IDENTIFICATION NUMBER				TRANS CODE 04	YEAR MODEL	MAKE	MODEL	BODY TYPE	CURRENT ALABAMA TITLE NO.	
CYLS	NEW	USED	DEMO	DATE OF PURCHASE (M/D/Y)	NUMBER LIENS	COLOR	ODOMETER READING	DEPARTMENT USE ONLY		

OWNER INFORMATION		
NAME (LAST, FIRST, MIDDLE)		FELONY OFFENSE FOR FALSE ADDRESS
MAILING ADDRESS		FOR OFFICE USE ONLY
CITY	STATE ZIP	
NAME ALABAMA OPERATOR (LESSEE) NAME AND / OR RESIDENT ADDRESS IF DIFFERENT FROM ABOVE		
RESIDENT ADDRESS		FELONY OFFENSE FOR FALSE ADDRESS
CITY	STATE ZIP	

LIEN INFORMATION		
NAME FIRST LIENHOLDER		FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD
MAILING ADDRESS		LIEN DATE (M/D/Y)
CITY	STATE ZIP	
NAME SECOND LIENHOLDER		FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD
MAILING ADDRESS		LIEN DATE (M/D/Y)
CITY	STATE ZIP	LOCATOR NO.:
NAME THIRD LIENHOLDER		FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD
MAILING ADDRESS		LIEN DATE (M/D/Y)
CITY	STATE ZIP	REJECT TO:
MAILING ADDRESS		REASONS:
MAILING ADDRESS		EXAMINER NO.:
CITY	STATE ZIP	ENCL.:

SIGN COMPLETED FORM ONLY, FELONY OFFENSE FOR FALSE STATEMENTS

I, THE UNDERSIGNED, CERTIFY THAT THE VEHICLE DESCRIBED ABOVE IS OWNED BY ME AND I HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID MOTOR VEHICLE AND THIS VEHICLE WILL NOT BE THE SUBJECT OF LIEN PRIOR TO RECEIPT OF TITLE UNLESS INDICATED ABOVE. I FURTHER CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNER'S _____

SIGNATURE(S) _____
(PERSONALLY SIGNED BY EACH OWNER (IN INK) OR AUTHORIZED REPRESENTATIVE OF FIRM)

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

LIENHOLDER'S SIGNATURE: _____

TITLE: _____

DATE: _____

NOTICE OF SECURITY INTEREST

**FEE
\$15.00**

HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED

THIS FORM MAY BE DUPLICATED

**Handwritten Applications
Will Not Be Accepted!**

Submit \$15.00 Application Fee (non-refundable) in certified funds payable to Alabama Department of Revenue. Do not send personal checks or cash.

INSTRUCTIONS

THIS APPLICATION SHALL BE TYPED IN BLACK INK (WITH A GOOD RIBBON) SINCE IT WILL BE MICROFILMED.

THIS FORM IS DESIGNED **FOR USE BY A LIENHOLDER** IN ORDER FOR AN OWNER OF A VEHICLE TO COMPLY WITH SECTION 20 OF ACT 765 (1973 REG. SESS. OF AL. LEG.), WHERE AN OWNER CREATES A SECURITY INTEREST IN A VEHICLE.

THIS FORM MAY NOT BE USED ON A TRANSFER OF OWNERSHIP OR BY DESIGNATED AGENTS. DESIGNATED AGENTS SHALL USE FORM MVT 5-1C TO RECORD LIENS.

- NOTE -

VEHICLE INFORMATION AND OWNER INFORMATION SHALL BE IDENTICAL TO INFORMATION APPEARING ON SURRENDERED ALABAMA TITLE **EXCEPT FOR** CURRENT MAILING ADDRESS AND CURRENT **ALABAMA** RESIDENT ADDRESS.

SUPPORTING DOCUMENTS

THIS APPLICATION **SHALL BE** ACCOMPANIED BY A SURRENDERED ALABAMA TITLE TO THIS VEHICLE AND THE TITLE FEE (CERTIFIED FUNDS ONLY) PAYABLE TO THE ALABAMA DEPARTMENT OF REVENUE.

DEPARTMENT CORRECTION

Please
Check

TC	MAKE
YR. MODEL	MODEL
BT	PAT
CYL.	N-U-D
DATE OF PUR	# LIENS
ODOMETER	LIEN DATE
OTHER:	RES. ADDRESS

FOR DEPARTMENT USE ONLY

ABOVE INFORMATION APPLIES ONLY TO
VEHICLE IDENTIFIED ON FACE OF APPLICATION